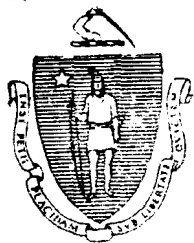


Mass HS40.2: Dbl



EDWARD M. MURPHY
Commissioner



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The Commonwealth of Massachusetts

Executive Office of Human Services

Department of Mental Health

160 North Washington Street

Boston, Massachusetts 02114

MAY 15 1989

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OBRA OVERVIEW

The Omnibus Budget Reconciliation Act (OBRA) of 1987 sets forth a number of requirements for state agencies related to nursing homes and placement of persons in those facilities. The intent of these sections of OBRA is to protect the rights of all residents in nursing homes and to ensure that they receive appropriate care and treatment. The legislation seeks to ensure that persons who are identified as having a mental illness, or who are mentally retarded and/or developmentally disabled are appropriately placed in skilled or intermediate nursing care facilities.

1. Pre-admission screening of all new admissions to nursing homes must be in place by 1/1/89. DMH, as the State's designated mental health authority, must pre-screen all prospective nursing home applicants who have a current primary or secondary diagnosis of a major mental disorder (as defined in the DSM-III-R limited to schizophrenic, paranoid, major affective, schizoaffective disorders and atypical psychosis, and does not have a primary diagnosis of dementia (including Alzheimer's disease or a related disorder)) to determine if they are appropriate for nursing home admission, and if they need "active treatment" for mental illness. DMH would be the designated state agency to serve the same screening function for MR clients. Medicaid payment will be denied for services rendered to MI or MR nursing home patients admitted after 1/1/89, who have not been pre-screened. DMH has developed an instrument for the mental health assessment which will determine if a person has a diagnosis of a major mental disorder, and/or if the person is in need of "active treatment".

"Active treatment", as defined by HCFA in the current draft, is the implementation of an individualized plan of care developed under and supervised by a physician, provided by a physician and other qualified mental health professionals, that prescribes specific therapies and activities for the treatment of persons who are experiencing an acute episode of severe mental illness, which necessitates supervision by trained MH personnel.

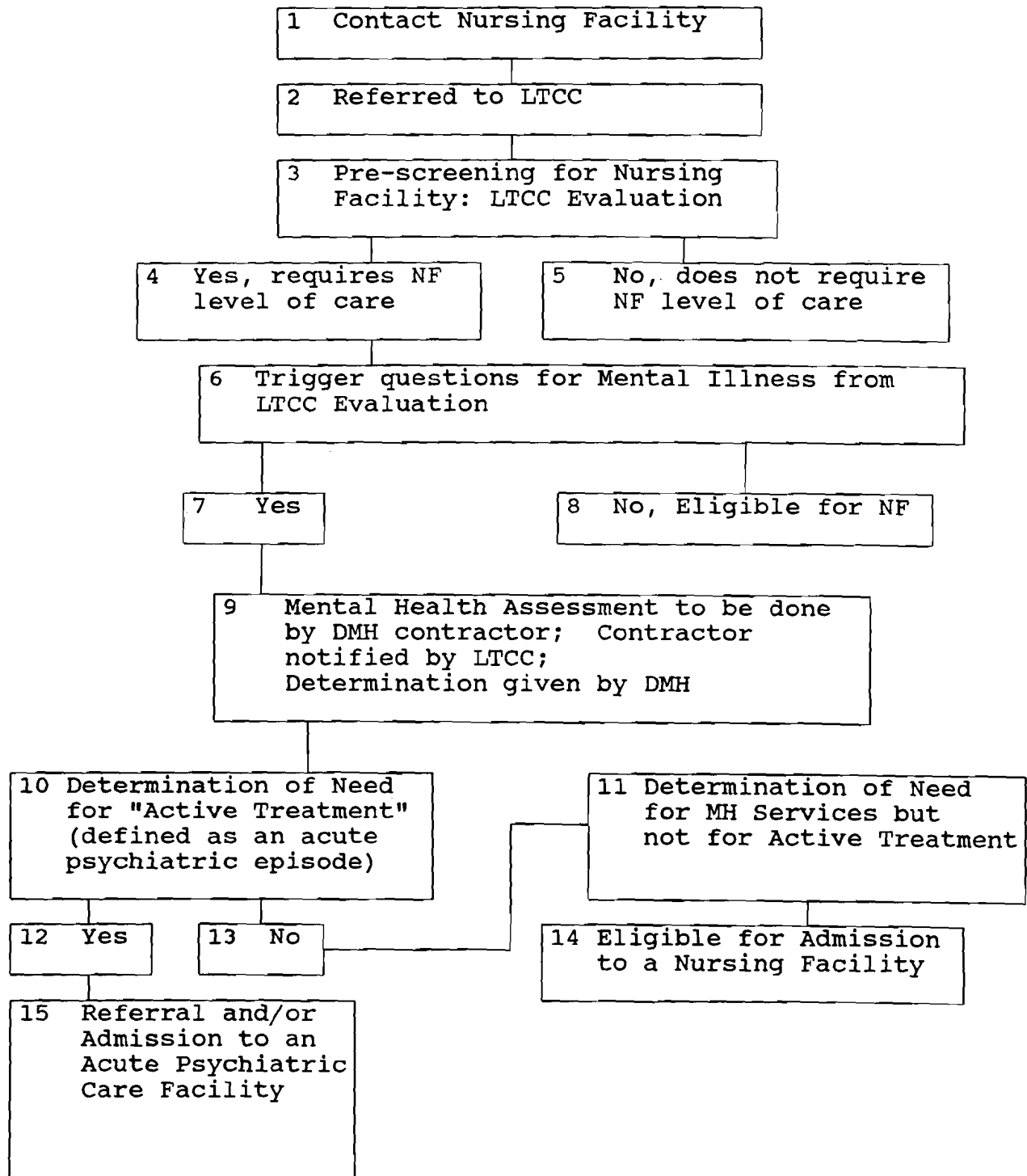
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2. A program of annual resident review must be established and accomplished for all persons residing in nursing homes prior to 1/1/89, by 4/1/90. DMH will be responsible for these annual reviews of all mentally ill nursing home residents to determine if the patient requires "active treatment" for mental illness.
3. Nursing home residents requiring "active treatment" only and not nursing home level of care will need to be placed appropriately unless the resident has resided in a facility 30 months or more, then the resident may choose to remain in the nursing home.
4. Nursing home residents in need of "active treatment" and in need of nursing home level of care may remain if they:
 - o Are of advanced years;
 - o Need convalescent care after release from an acute care hospital. This period may not exceed 120 days and the person should not be a danger to self and/or others;
 - o Are certified by a physician to be "terminally ill"; or
 - o Are comatose, ventilator dependent, functioning at the brain stem level, or diagnosed as: COPD, Severe Parkinson's Disease, Huntington's Disease, ALS or CHF.

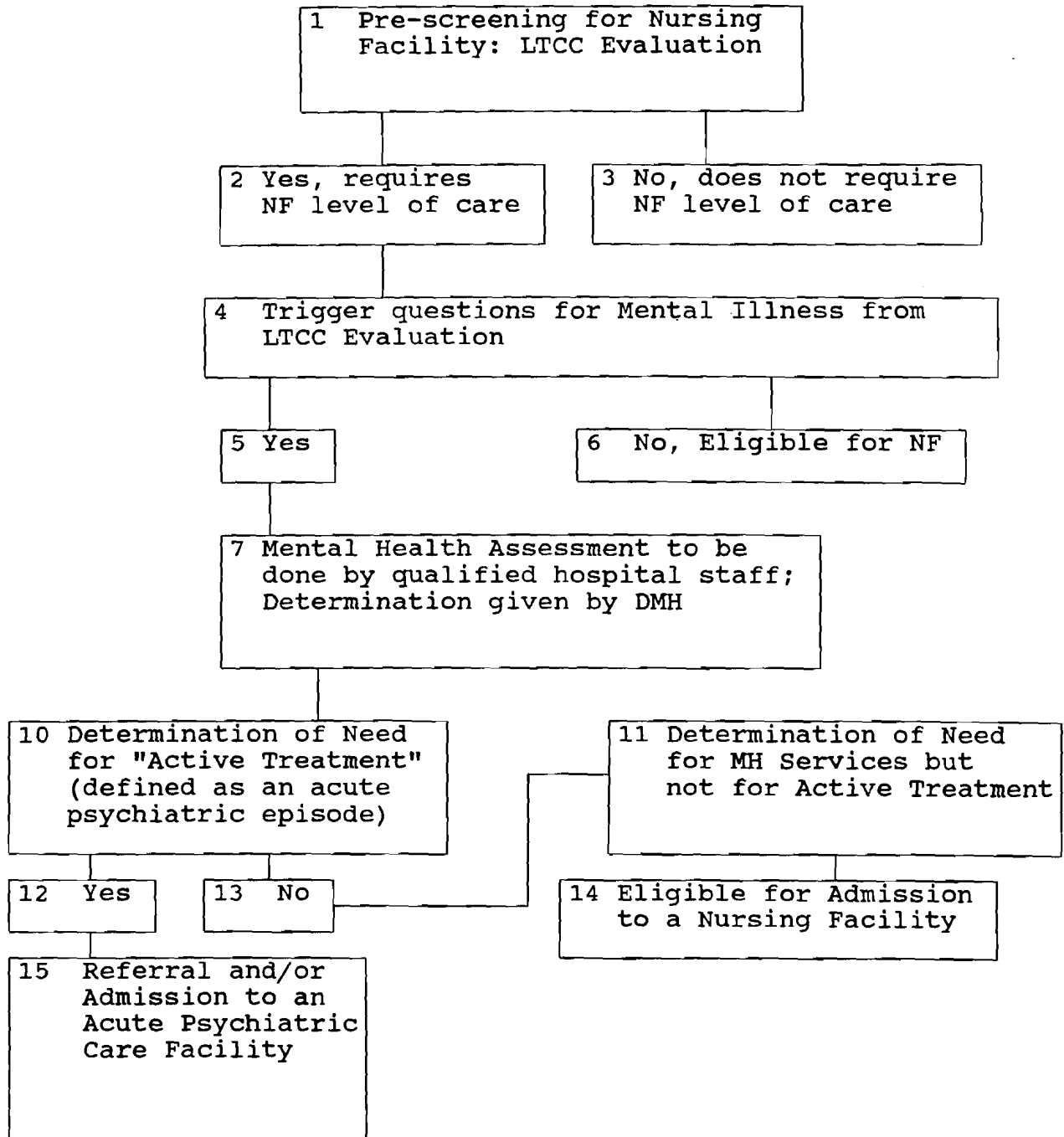
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I. Specific Clients Presenting for Nursing Facility Placement

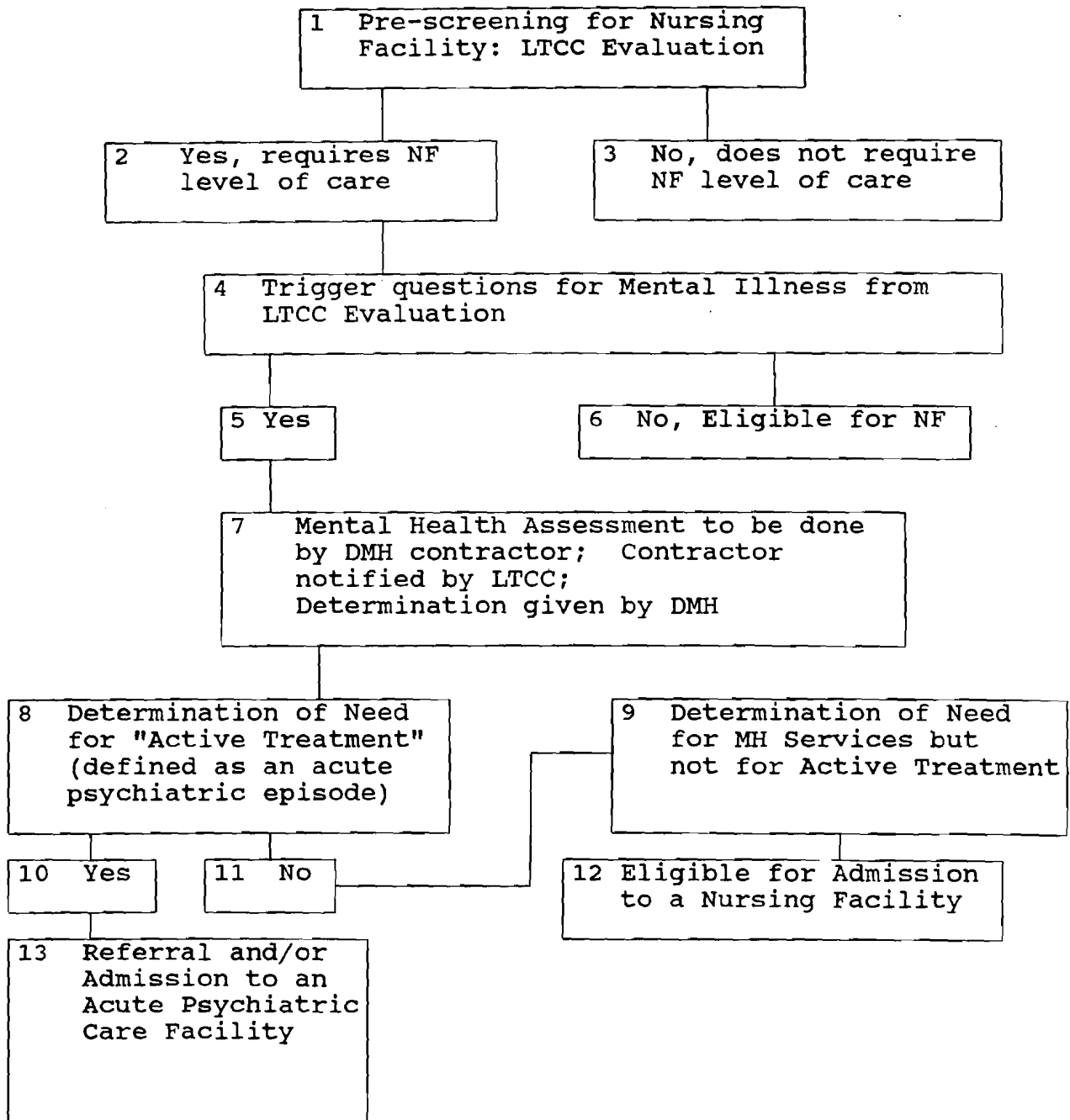
A. Potential community clients



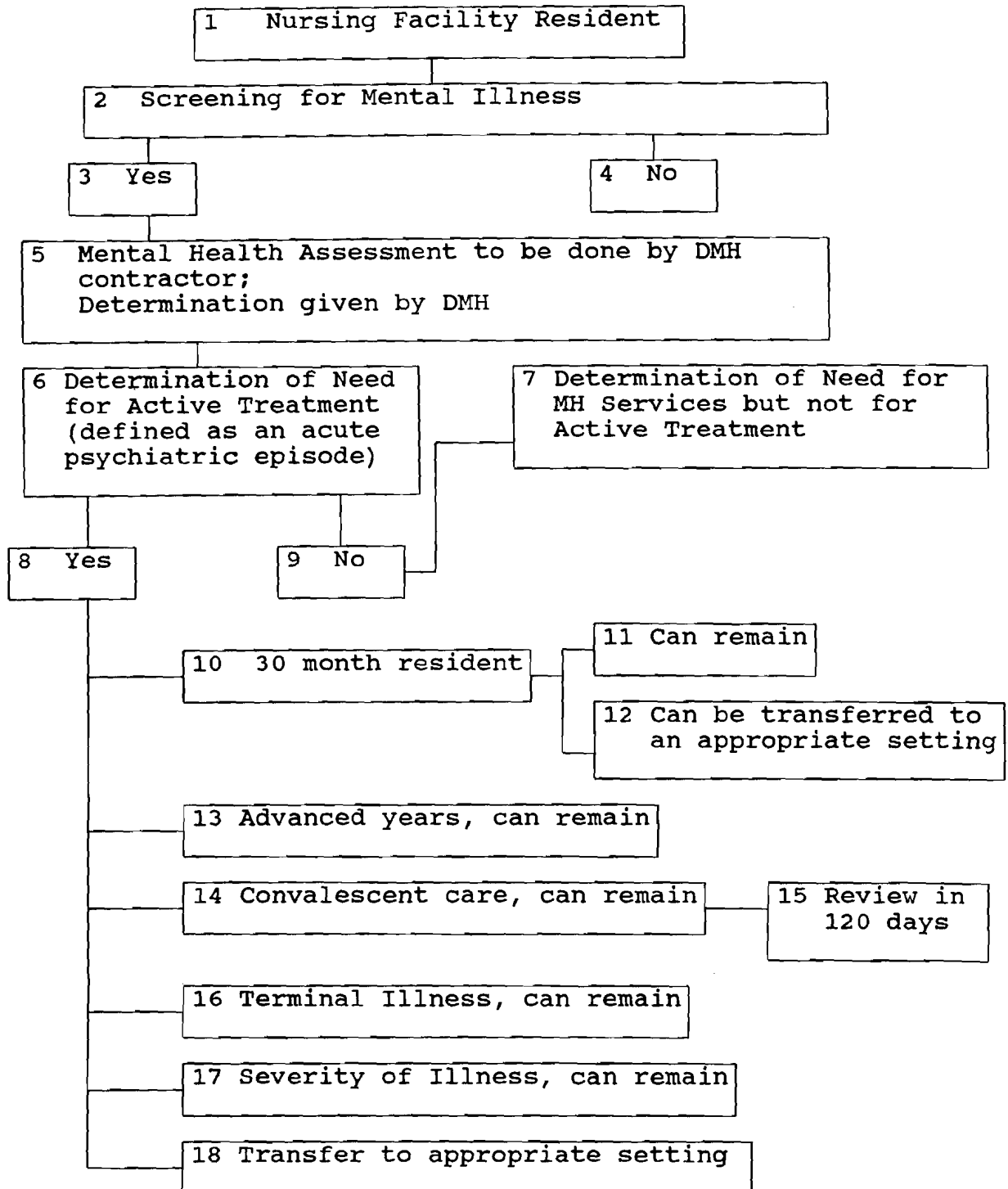
B. Hospital inpatient in a General hospital with Psychiatric services or Psychiatric hospital



C. Hospital inpatient in a General hospital without
Psychiatric services



II. Nursing Facility Annual Resident Review



GLOSSARY

DMH - Department of Mental Health

DPW - Department of Public Welfare

LTCC - Long Term Care Connection

MH - Mental Health

MI - Mental Illness

NF - Nursing Facility (nursing home)

OBRA - Omnibus Budget Reconciliation Act